

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036999

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 59.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		c. CITY OR TOWN Goodman	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp		d. STREET ADDRESS (If outside, give location) Goodman	
3. NAME OF DECEASED (Type or print) First Middle Last Ellis Gilbert Coatney		4. DATE OF DEATH Month Day Year August 13, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/19/81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and state or country) Green Forest Ark.	
13a. FATHER'S NAME Marion Coatney		13b. MOTHER'S MAIDEN NAME Sarah E. Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Ellis Coatney, Amarillo Texas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage DUE TO (b) Intestinal obstruction DUE TO (c) Ulcers of terminal pylorus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serum		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Aug 1, 63 to Aug 13 and last saw her alive on August 13, 1963 Death occurred at 6:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 8-14-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-16-1963	
23c. NAME OF CEMETERY OR CREMATORY Snow Cemetery		23d. LOCATION (City, town, or county) (State) Berryville Arkansas	
24. FUNERAL DIRECTOR ADDRESS Thompson Funeral Home, Neosho Mo.		25. DATE RECD. BY LOCAL REG. 8-18-63	
26. REGISTRAR'S SIGNATURE Medard M. Herley			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59.

1 0730

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.